

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7069

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3070</u>		Registrar's No. <u>647</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (in this place) <u>15 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u>		d. STREET ADDRESS (If rural, give location) <u>321 EDGAR RD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>321 EDGAR RD</u>				d. STREET ADDRESS (If rural, give location) <u>321 EDGAR RD</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HERBERT</u>		b. (Middle) <u>ALLEN</u>		c. (Last) <u>WHEELER</u>	
4. DATE OF DEATH		(Month) <u>MCH</u>		(Day) <u>11</u>		(Year) <u>1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 25-1859</u>	
9. AGE (in years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>BROOKLYN NEW YORK</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOHN WHEELER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA MERRIAM</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA G. WHEELER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma G. Wheeler</u>		ADDRESS <u>177X</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility (91) Art. Sclerosis</u> 19a. DATE OF OPERATION <u>none</u> 19b. MAJOR FINDINGS OF OPERATION <u>none</u> 19c. DATE OF OPERATION <u>177X</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr?</u> <u>177X</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		21d. HOW DID INJURY OCCUR? <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>		21g. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>—</u> , to <u>3/11/50</u> , 19 <u>—</u> , that I last saw the deceased alive on <u>3/11/50</u> , 19 <u>—</u> , and that death occurred at <u>2:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank P. Bantz, M.D.</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>132 N. Gore, Webster Groves Mo</u>		23c. DATE SIGNED <u>3/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>3-13-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE RECEIVED <u>MAR 15 1950</u>		REGISTRAR'S SIGNATURE <u>Robert L. Clarke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Parker and Co.</u>		ADDRESS <u>Webster Groves Mo</u>	

(Licensed Embalmer's Statement on Reversed Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Leslie Welch

Licensed Embalmer No.

4395

P. O. Address

Robert Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

APR 21 6 1950